

Receipt # _____

**TROY RECREATION DEPARTMENT'S
2006-2006
PARENT AND TOT SWIM PROGRAM
(Limit of 7 couples)
At Lincoln Community Center
Tuesdays
6:30 - 7:00 p.m. (Ages 6 months - 5 years)**

Mother's Name _____

Address _____ Phone _____

_____ Zip _____

Tot's Name _____ Male/Female

Tot's Age _____ Allergic to any medication? _____

Mother allergic to any medication? _____

Name of tot's doctor _____ Phone _____

Name of mother's doctor _____ Phone _____

_____ **SESSION 1 OCTOBER 11 – NOVEMBER 15, 2005**
_____ **SESSION II JANUARY 10 – FEBRUARY 14, 2006**
_____ **SESSION III APRIL 18 – MAY 23, 2006**

REGISTRATION FEE: \$12.00 _____ PAID

WAIVER AND RELEASE

I, the undersigned, have willfully enrolled myself, and my above named child, in the Troy Recreation Department's Parent and Tot Swim Program. Being fully aware of the dangers inherent to the sport of swimming, I do hereby expressly waive any and all claims and rights of whatever nature, which may arise against the City of Troy, Troy Recreation Department, Troy Recreation Director, Lincoln Community Center, Lincoln Community Center Board of Trustees, Lincoln Community Center Director, the supervisory staff and instructional staff of the swim program and their agents or servants, as a result of injuries incurred by either myself or the above named child while participating in this program.

Date _____ Signature _____
(parent or legal guardian)

REFUND POLICY: The department will make refunds only for the following:

1. If the program is cancelled by the department.
2. If the registered participant moves out of town before the program starts.
3. If the registered participant becomes ill before the program starts and furnishes a Doctor's statement.